

# ATTACHMENT

## Covered oxygen-related services

Refer to the following table for oxygen-related procedure codes, effective for dates of service (DOS) on and after July 1, 2003.

Procedure code	Replaces code(s)	Description	Max fee	Modifier	Type of service	Copay	PA required?	Reimbursable in a nursing home?	Provider type*	Place of service code**	Restrictions
E0424		Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$5.35	QE (less than one liter per minute)	R (rental)		Yes, after 30 days, effective 9/1/03	Yes	24, 26, 44, 54, 58, 64, 79, 80, 95	0, 3, 4, 7, 8	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
			\$10.69	None (one to four liters per minute)							
			\$16.04	QG (more than four liters per minute)							
E0425		Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$132.63		P (purchase)	\$3.00	Yes	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	
E0430		Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	\$287.15		P	\$3.00	Yes	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	
E0431		Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$7.78		R		Yes, after 30 days, effective 9/1/03	Yes	24, 26, 44, 54, 58, 64, 79, 80, 95	0, 3, 4, 7, 8	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.

\*Provider types: 24 — Federally Qualified Health Centers, 26 — Pharmacies, 44 — Home Health Agencies, 54 — Medical Equipment Vendors, 58 — Individual Medical Supply Vendors, 64 — Institutes for Mental Disease Providers, 79/80 — Nursing Homes, 95 — Hospice Providers.

\*\*Place of service codes: 0 — Other, 3 — Office, 4 — Home, 7 — Nursing Home, 8 — Skilled Nursing Facility.

Procedure code	Replaces code(s)	Description	Max fee	Modifier	Type of service	Copay	PA required?	Reimbursable in a nursing home?	Provider type*	Place of service code**	Restrictions
E0434		Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	\$7.78		R		Yes, after 30 days, effective 9/1/03	Yes	24, 26, 44, 54, 58, 64, 79, 80, 95	0, 3, 4, 7, 8	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
E0435		Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	\$1,162.91		P	\$3.00	Yes	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	
E0439		Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$4.67	QE (less than one liter per minute)	R		Yes, after 30 days, effective 9/1/03	Yes	24, 26, 44, 54, 58, 64, 79, 80, 95	0, 3, 4, 7, 8	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
			\$9.33	None (one to four liters per minute)							
			\$14.00	QG (more than four liters per minute)							
E0440		Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$447.26		P	\$3.00	Yes	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	

\*Provider types: 24 — Federally Qualified Health Centers, 26 — Pharmacies, 44 — Home Health Agencies, 54 — Medical Equipment Vendors, 58 — Individual Medical Supply Vendors, 64 — Institutes for Mental Disease Providers, 79/80 — Nursing Homes, 95 — Hospice Providers.

\*\*Place of service codes: 0 — Other, 3 — Office, 4 — Home, 7 — Nursing Home, 8 — Skilled Nursing Facility.

Procedure code	Replaces code(s)	Description	Max fee	Modifier	Type of service	Copay	PA required?	Reimbursable in a nursing home?	Provider type*	Place of service code**	Restrictions
E0441	W1030, W1040, W1045, W1050, W1066, W1067, W6777	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit	\$169.12		P	\$3.00	Yes, after 30 days	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	For recipient-owned systems only.
E0442	W6864	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit	\$169.12		P	\$3.00	Yes, after 30 days	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	For recipient-owned systems only.
E0443	W1030, W1040, W1045, W1050, W1066, W1067, W6777	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit	\$169.12		P	\$3.00	Yes, after 30 days	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	For recipient-owned systems only.
E0444	W6864	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit	\$169.12		P	\$3.00	Yes, after 30 days	No	24, 26, 44, 54, 58, 64, 95	0, 3, 4	For recipient-owned systems only.
E0455		Oxygen tent, excluding croup or pediatric tents	\$1,014.65		P	\$3.00	Yes	No	24, 26, 44, 54, 58	3, 4	
			\$1.11		R		Yes, after 60 days				

\*Provider types: 24 — Federally Qualified Health Centers, 26 — Pharmacies, 44 — Home Health Agencies, 54 — Medical Equipment Vendors, 58 — Individual Medical Supply Vendors, 64 — Institutes for Mental Disease Providers, 79/80 — Nursing Homes, 95 — Hospice Providers.

\*\*Place of service codes: 0 — Other, 3 — Office, 4 — Home, 7 — Nursing Home, 8 — Skilled Nursing Facility.

Procedure code	Replaces code(s)	Description	Max fee	Modifier	Type of service	Copay	PA required?	Reimbursable in a nursing home?	Provider type*	Place of service code**	Restrictions
E0550		Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	\$536.72		P	\$3.00	Yes	No	24, 26, 44, 54, 58	3, 4	
			\$2.22		R		Yes, after 60 days				
E0555		Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	\$26.84		P	\$2.00	Yes	No	24, 26, 44, 54, 58	3, 4	
E0560		Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	\$113.67		P	\$3.00	Yes	No	24, 26, 44, 54, 58	3, 4	
			\$0.67		R		Yes, after 60 days				
E0580		Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	\$90.27		P	\$3.00	Yes	No	24, 26, 44, 54, 58	3, 4	
E1353		Regulator	\$105.22		P	\$3.00	Yes	No	24, 26, 44, 54, 58	3, 4	Cannot be reimbursed with any other rental oxygen system.
			\$1.24		R						
E1355		Stand/rack	\$67.09		P	\$3.00	Yes	No	24, 26, 44, 54, 58	3, 4	
E1372		Immersion external heater for nebulizer	\$77.80		P	\$3.00	Yes	No	24, 26, 44, 54, 58	3, 4	
			\$1.35		R		Yes, after 60 days				

\*Provider types: 24 — Federally Qualified Health Centers, 26 — Pharmacies, 44 — Home Health Agencies, 54 — Medical Equipment Vendors, 58 — Individual Medical Supply Vendors, 64 — Institutes for Mental Disease Providers, 79/80 — Nursing Homes, 95 — Hospice Providers.

\*\*Place of service codes: 0 — Other, 3 — Office, 4 — Home, 7 — Nursing Home, 8 — Skilled Nursing Facility.

Procedure code	Replaces code(s)	Description	Max fee	Modifier	Type of service	Copay	PA required?	Reimbursable in a nursing home?	Provider type*	Place of service code**	Restrictions
E1390	E1400-E1404	Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$1,442.00	None	P	\$3.00	Yes	No	24, 26, 44, 54, 58, 64, 79, 80, 95	0, 3, 4, 7, 8	
			\$3.90	QE (less than one liter per minute)	R		Yes, after 30 days	Yes			
			\$7.80	None (one to four liters per minute)							
			\$11.70	QG (more than four liters per minute)							
E1405		Oxygen and water vapor enriching system with heated delivery	\$6.80		R		Yes, after 30 days	Yes	24, 26, 44, 54, 58, 64, 79, 80, 95	3, 4, 7, 8	Not separately reimbursable on same DOS as E1390.
E1406		Oxygen and water vapor enriching system without heated delivery	\$6.80		R		Yes, after 30 days	Yes	24, 26, 44, 54, 58, 64, 79, 80, 95	3, 4, 7, 8	Not separately reimbursable on same DOS as E1390.

\*Provider types: 24 — Federally Qualified Health Centers, 26 — Pharmacies, 44 — Home Health Agencies, 54 — Medical Equipment Vendors, 58 — Individual Medical Supply Vendors, 64 — Institutes for Mental Disease Providers, 79/80 — Nursing Homes, 95 — Hospice Providers.

\*\*Place of service codes: 0 — Other, 3 — Office, 4 — Home, 7 — Nursing Home, 8 — Skilled Nursing Facility.